

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized CommitteeRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS13 OCT 18 PM 1:21  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110

Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

C

C00413914

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

In the  
State of

M M / D D / Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

In the  
State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y  
07 / 01 / 2013M M / D D / Y Y Y Y Y  
07 / 01 / 2013M M / D D / Y Y Y Y Y  
07 / 01 / 2013

through

M M / D D / Y Y Y Y Y  
09 / 30 / 2013M M / D D / Y Y Y Y Y  
09 / 30 / 2013M M / D D / Y Y Y Y Y  
09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer

Date

M M / D D / Y Y Y Y Y  
10 / 01 / 2013M M / D D / Y Y Y Y Y  
10 / 01 / 2013M M / D D / Y Y Y Y Y  
10 / 01 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)